-	PATI	ENT APPLI	Eff. /e	December	8, 2 -	MINATION F	RE	CORD				on or Dock		umbei
	CLAIMS ASTILED - PART I (Column 1) (Column							SMALL E	<u>/·</u>	OR	OTHER THAN			
U	.S. NATIONA	L STAGE FEE	s				7	RATE	FE				_	÷
B	ASIC FEE		SMALI	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	┪	BASIC FEE	+-"			RATE	_	FE
E	EXAMINATION FEE		. Satisfies	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		All other situations =					OR	BASIC FEE	4	<u>SV</u>
SI	EARCH FEE	<del></del>	U.S. to IS. ALL off	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		\$ 100 / \$ 200 All other situations = \$ 250 / \$ 500		SEARCH FE	<u> </u>	$\dashv$		EXAM. FEE	4	
FE	E FOR EXTRA	SPEC. PGS.		minus 100 =						4		SEARCH FE		
TO	TAL CHARGE	ABLE CLAIMS	70	/8 minus 20 =		/50=		X \$ 125 =				X \$ 250 :	=	٠.
_	DEPENDENT (		1/2	<b></b>			ı	X \$ 25 =			)R	X \$ 50 =	T	
-				minus 3 =	·		X \$ 100 =		.	R	X \$ 200 =	1		
٠.,		NDENT CLAIM P					+\$ 180 =	1.		R	+ \$ 360 =	+		
ı	the difference	e in column 1 i	s less than	zero, enter "0"	in c	olumn 2	•	TOTAL	1	ヿ。	R.	TOTAL	4-	130
		CLAIMS AS	AMEND	ED - PART	i.	•		:			•	OTHER		
_	<del></del>	(Column 1)	<del></del>	(Column	<u> </u>	(Column 3)	•	ŞMALL	ENTITY	· O	R	SMALL		
<b>∀</b>		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE			RATE	T	ADDI- IONAL
MUNICALINA	Total	•	Minus	**		=		X \$ 25 =		١,,	, <b>ŀ</b>	X \$ 50 =	╀╌	FEE
	Independent	•	Minus	***				X \$ 100 =		┨¨	-		-	<del>.</del> .
	FIRST PRES	SENTATION OF I	MULTIPLE DI	EPENDENT CL	AIM	<del>'</del> -				OF	$\mathbf{F}$	X \$ 200 =	<u> </u>	
			<del></del>				I	+ \$ 180 =		OF	يا	+ \$ 360 =		
						•		FEE		OR		FEE	L	
_	• •	(Column 1)		(Çolumn	2)	(Column 3)								
	·	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	]	Γ	RATE	TIC	DDI- DNAL EE
	Total	•	Minus	44		=	t	X \$ 25 =		OR	١,	< \$ 50 =	-	-
ŀ	ndependent	•	Minus	***		= .	F	X \$ 100 =	<del></del>	OR	-			
I	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT CLA	M		H	+ \$ 180 =		1	<del>  -</del>	\$ 200 =	<u> </u>	
_						_ <del></del> .	Ł	OTAL ADDIT.		OR		\$ 360 =		
	. ·							FEE L		OR		FEE .		
									•			. •		.
•	ne influent lifti	nn 1 is less than the ober Previously Paid	For DI-THIC C	DACE L Las Ma-				•						
						enter "20", nter "3", st number found in ()								